



Trinity Lutheran Early Childhood Education
Preschool Enrollment Form - 3 Year Old Program

Child's Full Name _____ Birthdate _____

Sex: Male Female Name to be used at school _____

Address _____ City _____ Zip Code _____

Home Phone Number _____ Child Lives with _____

Any Health Concerns: _____ Born Premature? _____

Siblings (Names & Ages)

Baptized: YES NO Baptismal Date (Month, Day, Year) _____

Family's Church Membership _____

Father's Name _____ Father's Cell Phone Number _____

Father's Email Address _____

Mother's Name _____ Mother's Cell Phone Number _____

Mother's Email Address _____

Please indicate class preference: _____ 2-day session 9-11 a.m. Tuesday, Thursday
_____ 3-day session 9-11 a.m. Monday, Wednesday, Friday
_____ 5-day session 8-11 a.m. Mon.- Fri.

Will your child participate in Extended Day Opportunities? _____ Yes _____ No _____ Maybe
(Extended Day Hours are 6:45 am – 8:45 am and/or 10:45 am – 5:30 pm at an additional fee.)

Were you referred to Trinity Lutheran Early Childhood Program? YES NO

If yes, please give the family name _____

Parent/Guardian Signature _____ Date _____

*A non-refundable REGISTRATION FEE of \$100 must accompany this form.

----- Do not fill in--Office use only-----

\$100 Registration Fee: Cash Check # _____

Date arrived: _____ # _____